

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw of Columbia, Columbia, S. C.

## (1) PLACE OF BIRTH

County of Adlerdale  
 Township of Baldor  
 or  
 Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

40687

Registration District No. 4602Registered No. 60  
(For use of Local Registrar)(2) Full Name of Child Elizabeth Frazier

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Age Parents Married? yes

(7) DATE OF BIRTH

Dec 11, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Willie Frazier(9) PRESENT POSTOFFICE OF FATHER Appleton SC(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 25  
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Ella Groce(15) PRESENT POSTOFFICE OF MOTHER Appleton SC(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 30  
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dora Case(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Appleton SC

Given name added from a supplemental report

(26) Witness F. H. Boyd

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 16, 1922(28) F. H. Boyd MD  
Local Registrar.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.